

Department of Transitional Assistance

Guide to New and Current MassHealth Behavioral Health Services



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Section 1

MassHealth: New and Current Services

Section 1

MassHealth: New and Current Services

I. The Children's Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community.

The Children's Behavioral Health Initiative is defined by a shared commitment to providing services to families that reflect the following values:

- **Family Driven, Child-Centered and Youth Guided**
Services are driven by the needs and preferences of the child and family, developed in partnership with families and accountable to families.
- **Strengths-based**
Services are built on the strengths of the family and their community
- **Culturally Responsive**
Services are responsive to the family's values, beliefs, norms, and to the socio-economic and cultural context.
- **Collaborative and Integrated**
Services are integrated across child-serving agencies and programs.
- **Continuously Improving**
Service improvements reflect a culture of continuous learning, informed by data, family feedback, evidence and best practice.

The Initiative places the family and child at the center of our service delivery system, and will build an integrated system of behavioral health services that meets the individual needs of the child and family. The goal is to make it easier for families to find and access appropriate services and to ensure that families feel welcome, respected and receive services that meet their needs, as defined by the family.

For more information visit: www.mass.gov/masshealth/childbehavioralhealth

II. MassHealth: New and Current Services

MassHealth pays for many important health care services for a wide range of people who meet the eligibility rules. In 2009, MassHealth significantly expanded behavioral health services available to its MassHealth Standard and CommonHealth members under the age of 21 by paying for six new home and community-based services. The goal of these services is to help children and youth with significant behavioral, emotional and mental health needs achieve success in home, school and community.

These services have been designed, and are being implemented according to Children's Behavioral Health Initiative Values:

- Family Driven, Child-Centered and Youth Guided
- Strengths-based
- Culturally Responsive
- Collaborative and Integrated
- Continuously Improving

These new services *complement* the behavioral health services currently available to MassHealth Standard and CommonHealth members under the age of 21. Below, you will find brief descriptions of the *new* services, and of the *current community-based* MassHealth Behavioral Health Services.

NOTE: These new services are NOT for the treatment of the behavioral health needs of a youth's parents or caregivers. Behavioral Health services for parents or caregivers should be sought through their health care insurer, or MassHealth, if they are eligible.

New MassHealth Community-Based Behavioral Health Services¹

What follows are brief descriptions of the new services, with some suggestions of who might benefit from each of the new services.

This information is intended to provide staff with guidance on how to help families and youth to access appropriate MassHealth behavioral health services. It is important to note that MassHealth members may also self-refer to any behavioral health service they think might be helpful. Families and youth are always welcome to inquire with a provider about a particular service.

This guidance is intended to be informative and to illustrate the potential usefulness of each service. It does NOT replace the Medical Necessity Criteria, attached in Appendix B. Providers of each of the services will use the Medical Necessity Criteria (MNC) to

¹ These new services are expected to become available between June 30 and November 1, 2009. However, MassHealth needs the approval of the federal Medicaid program in order to pay for these services. MassHealth has received approval for Intensive Care Coordination and is awaiting approval for the other services.

evaluate whether the child or youth has a medical need for the service. Medical Necessity decisions made by providers may be reviewed by the child's or youth's MassHealth Managed Care Plan.

A. Standardized Behavioral Health *Screening* in Primary Care

As part of well-child visits, the primary care doctor or nurse checks the child's or youth's health, development, need for immunizations, dental health and behavioral health. MassHealth now requires primary care doctors or nurses to offer to use a behavioral health screening tool to check the child's or youth's behavioral health. There are eight approved screening tools. They typically consist of a short list of questions, or a checklist, that the parent, caregiver or youth fills out and then talks about with the primary care doctor or nurse. The screening tool helps to spot concerns early so problems can be found and helped earlier. If there are concerns about a child's or youth's behavioral health, the primary care doctor or nurse will work with the parent/caregiver or youth to decide if a referral to a behavioral health provider for further assessment and treatment is needed, and can help the parent/caregiver/youth get needed services.

B. Standardized Behavioral Health *Assessment*, using the Child Adolescent Needs and Strengths tool (CANS)

Beginning November 30, 2008, MassHealth began requiring a uniform behavioral health assessment process for MassHealth members under the age of 21 receiving behavioral health services. The uniform behavioral health assessment process includes a comprehensive needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool.

The CANS is a tool that organizes clinical information collected during a behavioral health assessment in a consistent manner, to improve communication among those involved in planning care for a child or youth. The CANS is also used as a decision-support tool to guide care planning, and to track changing strengths and needs over time. The CANS is used in child and youth serving systems in more than 30 states. There are two forms of the Massachusetts CANS: CANS Birth through Four and CANS Five through Twenty. Both versions include questions that enable the assessor to determine whether a child meets the criteria for Serious Emotional Disturbance (SED), in addition to the CANS assessment questions. (Meeting the definition of SED is a component of the Medical Necessity Criteria for the new service Intensive Care Coordination.)

C. Intensive Care Coordination (starting June 30, 2009)

ICC is a care coordination service for children and youth with serious emotional disturbance (For definitions of Serious Emotional Disturbance, see ICC Medical Necessity Criteria, Appendix B). ICC will use a model called *Wraparound Care Planning*.

In Wraparound Care Planning, families and youth work together with professionals, talk about their strengths and needs, and actively guide their own care. In ICC, a team leader, called a Care Coordinator, helps families bring together a team of people to create a child's treatment plan. This Care Planning Team often includes therapists, teachers, social workers and representatives of all child-serving agencies involved with the youth. It also includes "natural supports", such as family members, friends and people from the family's neighborhood or community that the family invites to be part of the team. Together, the team comes up with ways to support the family's goals for the child (or youth's goals, in the case of an older child), creating an Individual Care Plan. This plan, which also focuses on the family's strengths and respects their cultural preferences, lists all the behavioral health, social, therapeutic or other services needed by the child and family including informal and community resources. It will guide the youth's care and involve all providers and state agencies to integrate services.

The Care Planning Team will usually meet monthly and sometimes more often for children and youth with more complex needs. At these meetings the family, youth and other team members can talk about progress, work to solve problems, and make any needed changes to the Individual Care Plan.

Additionally the ICC care planning team seeks to:

- Help the family obtain and coordinate services the youth needs and/or receives from providers, state agencies, special education, or a combination thereof
- Assist with access to medically necessary services and ensure these services are provided in a coordinated manner
- Facilitate a collaborative relationship among a youth with SED, his/her family, natural supports, and involved child-serving systems to support the parent/caregiver in meeting their youth's needs

Who is likely to need ICC?

Children and families who need or receive services from multiple providers or who need or receive services from multiple state agencies, including special education. ICC can help prioritize goals and monitor progress, ensuring that interventions being used are effective and coordinated. ICC can also address needs other than behavioral health needs, such as connecting families with a variety of sustainable supports. Examples of sustainable supports include recreational activities for the child or youth, connection to mentors and opportunities for mutual support and social interaction with other families.

Who may benefit from referral to a different service?

- *A child or youth in acute emotional, behavioral or mental health crisis. Consider referring instead to Mobile Crisis Intervention for immediate stabilization and support.*

- *Family of a child or youth with a single service need who does not need a Care Planning Team to coordinate services:* Consider referring instead to the service(s) that may be needed.
- *A family in too much immediate distress to participate in the team-based sequence of steps of the Wraparound process.* Consider referring first to another behavioral health service such as Family Stabilization Teams (until November 1, 2009) or In-home Therapy (available November 1 2009, during which the need for other services including ICC will be assessed).

How do I make a referral?

See the list of Community Service Agencies in Appendix A.

Geographically-Based CSAs: MassHealth's Managed Care Contractors have selected 29 Community Service Agencies (CSAs), one for each of 29 service areas. The service areas correspond to the Areas of the Department of Children and Families.

Culturally and Linguistically Specialized CSAs: MassHealth's Managed Care Contractors have also selected 3 culturally and linguistically specialized CSAs. These CSAs were chosen for their demonstrated ability to reach deeply in to specific cultural or linguistic communities and tailor their services to engage and serve their specified populations. Like all CSAs, Specialized CSAs are expected to serve any family seeking appropriate service without regard to race, ethnicity or language.

- Children's Services of Roxbury specializes in serving the African-American population in Greater Boston.
- The Gandara Center specializes in serving the Latino population in the Springfield/Holyoke area.
- The Learning Center for the Deaf, Walden School specializes in serving the Deaf and Hard of Hearing population, particularly in the eastern/central part of the state.

Families with children or youth enrolled in MassHealth are not required to choose a CSA in their area or a culturally or linguistically specialized CSA, but may choose to work with any CSA.

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly. Contact numbers for the plans are listed at the end of this section.

D. In-Home Therapy (starting November 1, 2009)

In-Home Therapy Services provides intensive family therapy for a child and family for the purpose of treating the youth's behavioral health needs, including improving the family's ability to provide effective support for the youth to promote his/her healthy functioning within the family. In-Home Therapy Services are provided in the home or other location which is appropriate and convenient to the family. It is provided by a

skilled behavioral health provider who may work in a team with a paraprofessional. In-Home Therapy providers work to understand how the family functions together and how these relationships can be strengthened to benefit the child. Together with the child and family, they create and implement a treatment plan. Goals in a treatment plan might include helping the family identify and use community resources, learn to more effectively set limits and establish helpful routines for their child, problem-solve difficult situations or change family behavior patterns that get in the way of their child's success. Note: Parents may also have individual behavioral health needs that may require separate behavioral health treatment.

Who is likely to need In-Home Therapy?

- *Families in need of more urgent or intensive help with a youth's emotional and behavioral challenges than could be addressed through outpatient therapy.*
- *Families that have identified their primary need as learning new ways to relate to one another, or new ways to set limits or regulate child behavior, or who have tried outpatient therapy but not found it effective.* IHT offers more flexibility than outpatient therapy, not only in intensity but in treatment setting. Therapeutic intervention in a natural environment can offer opportunities for understanding behavior and for rehearsing new strategies which are not available in a clinic environment.

Who may benefit from referral to a different behavioral health service?

- *A child or youth in acute crisis.* Consider referral to Mobile Crisis intervention.
- *Children and families with needs involving multiple providers or state agencies.* Consider referral to ICC.
- *A child with a disorder that can benefit from outpatient individual or family treatment.*

How do I make a referral?

Referrals can be made directly to the In-Home provider or the child may access In-Home therapy through ICC or outpatient therapy.

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly. Contact numbers for the plans are listed at the end of this section.

For a list of the common network of In-Home providers selected by all MassHealth's Managed Care entities, see Appendix A. For additional providers selected for MBHP's "extended network", also see Appendix A. The most up-to-date information on the In-Home Therapy provider network can also be found on the website of the appropriate MassHealth Managed Care entity or by calling the Managed Care entity.

E. Mobile Crisis Intervention (starting June 30, 2009)

Mobile Crisis Intervention is the youth (under the age of 21) -serving component of an emergency service program (ESP) provider. Mobile Crisis Intervention will provide a

short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. This service is provided 24 hours a day, 7 days a week.

The service includes: A crisis assessment; development of a risk management/safety plan, if the youth/family does not already have one; up to 72 hours of crisis intervention and stabilization services including: on-site face-to-face therapeutic response, psychiatric consultation and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

For youth who are receiving Intensive Care Coordination (ICC), Mobile Crisis Intervention staff will coordinate with the youth's ICC care coordinator throughout the delivery of the service. Mobile Crisis Intervention also will coordinate with the youth's primary care physician, any other care management program or other behavioral health providers providing services to the youth throughout the delivery of the service.

Who is likely to benefit?

A child with MassHealth who is in a behavioral health crisis and who is likely, without intervention, to escalate in a way that would pose a risk of harm to themselves or others. If in doubt, call the Mobile Crisis Intervention team and consult with the team on whether they should intervene.

Who may benefit from a different service?

If a child is in treatment he or she may have a Risk Management/Safety Plan which may identify other steps prior to calling Mobile Crisis.

Note that Mobile Crisis Intervention is only for a child/youth on MassHealth. A person who does not have MassHealth should be triaged through the 800 number on the back of the health insurance card or sent to the local emergency services program or hospital emergency room.

If the child/youth is an acute safety risk to self or others and the risk cannot be safely managed in the current setting, call 911.

How do I make a referral?

Mobile Crisis Intervention is provided by the Emergency Service Provider (ESP) in the region. See the list of ESPs in Appendix A.

F. Additional new MassHealth-covered services can be accessed through outpatient therapy, In-Home therapy or Intensive Care Coordination, as part of the youth's Individual Care Plan (ICP) or treatment plan (for Outpatient or In-Home Therapy).

➤ Family Support and Training (*Starting June 30, 2009*)

Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community or to assist the youth in returning to the community.

Services may include education, assistance in navigating the child serving systems (child welfare, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.) support, coaching, and training for the parent/caregiver.

In ICC, the care coordinator and Family Support and Training Partner work together with youth with SED and their families while maintaining their discrete functions. The Family Support and Training Partner works one-on-one and maintains regular frequent contact the parent(s)/caregiver(s) in order to provide education and support throughout the care planning process, attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Support and Training Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them; and facilitates the parent's/caregiver's access to these resources. Family Partners are offered to families as part of Intensive Care Coordination.

➤ *In-Home Behavioral Health Services – Starting October 1, 2009*

In-Home Behavioral Health Services offers valuable support to children and youth with challenging behaviors that get in the way of everyday life. Services are provided by a behavioral health provider, such as a therapist, who is skilled in understanding and treating difficult behaviors in children and youth. The provider works closely with the child and family to create a specific behavior plan to improve the child's functioning. The provider may also work as a team with a skilled paraprofessional called a behavioral management monitor. The monitor works with the child and family to implement the child's behavior plan. In-Home Behavioral Health Services can be provided in places where the child is located, including home, school, childcare centers and other community settings.

➤ *Therapeutic Mentoring Services – Starting October 1, 2009*

A therapeutic mentor works one-on-one with a child or youth who, because of their behavioral health needs, require support and coaching to learn social skills that will allow them to do well in typical, normative environments. These skills may include

better ways of communicating with other children and adults, dealing with different opinions and getting along with others. The therapeutic mentor works with the child to achieve goals in a treatment plan written by an outpatient therapist, In-Home Therapy Services provider or Intensive Care Coordination (ICC) team. The mentor is supervised by a behavioral health clinician and can work with a child in his or her home, school, or other social and recreational setting.

For families and youth who may need or benefit from these services, social workers should consider facilitating a referral process with the out-patient provider, in-home therapist, or ICC team.

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly. Contact numbers for the plans are listed at the end of this section.

G. Current MassHealth Community-Based Services (in addition to the New Services)

The following are other community-based (e.g. non-24 hour) behavioral health services that are available to youth enrolled in MassHealth. This is not meant to be an exhaustive list of available benefits but an overview of behavioral health services that are available in addition to the new MassHealth services described earlier in this document.

- **Outpatient Behavioral Health Services:** Outpatient services include individual, family, and group therapies, as well as medication evaluation and monitoring. Outpatient services can be provided in an office, clinic environment, a home, school, or other location. Outpatient services can be used to treat a variety of behavioral health and/or substance abuse issues that significantly interfere with functioning in at least one area of the youth's life (e.g., familial, social, occupational, educational). Outpatient is the least intensive level of care available to youth.
- **Community Support Programs (CSPs):** Provide an array of services delivered by a community-based, mobile, multidisciplinary team of paraprofessionals. CSP services are appropriate for youth who have behavioral health issues challenging their optimal level of functioning in the home/community setting. These services are designed to be maximally flexible in supporting youth who are unable to independently access and sustain involvement with needed services. Services may include: assisting youth in enhancing their daily living skills; case management, skill building, developing a crisis plan; providing prevention and intervention; and fostering empowerment and recovery, including linkages to peer support and self-help groups. *NOTE: As of October 1, 2009, CSP for youth under 18 will be replaced by the new community based behavioral health services, described earlier in this document. Youth 18 through 20 will have access to both CSP services as well as the new community based behavioral health services.*

- Structured Outpatient Addiction Program (SOAP): SOAP is a short-term, clinically intensive, structured day and/or evening substance abuse service. SOAP can be used by youth, including pregnant youth, who need outpatient services, but who also need more structured treatment for substance abuse. SOAPs provide multidisciplinary treatment to address the sub-acute needs of youth with addiction and/or co-occurring disorders, while allowing them to maintain participation in the community, continue to work or attend school, and be part of family life.
- Partial Hospitalization Program is a nonresidential treatment program that may or may not be hospital-based. The program provides clinical, diagnostic, and treatment services on a level of intensity equal to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation and medication management, group and individual/family therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance abuse evaluation and counseling, and behavioral plans.

How Do I Make a Referral?

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly.

To locate a provider for youth NOT enrolled in a MassHealth Managed Care Plan, please call: MassHealth Customer Service 1-800-841-2900: TTY: 1-800-497-4648.

For youth who ARE enrolled in a MassHealth Managed Care Plan, please call:

- Boston Medical Center (BMC) HealthNet Plan 1-888-566-0010 (English and other languages) 1-888-566-0012 (Spanish) TTY: 1-800-421-1220
- Fallon Community Health Plan 1-800-341-4848 TTY: 1-877-608-7677
- Health New England (HNE) 1-800-786-9999 (TTY: 1-800-439-2370)
- Neighborhood Health Plan 1-800-462-5449 TTY: 1-800-655-1761
- Network Health 1-888-257-1985 TTY: 617-888-391-5535
- Primary Care Clinician (PCC) Plan 1-800-841-2900 TTY: 1-800-497-4648
- Massachusetts Behavioral Health Partnership 1-800-495-0086 TTY: 617-790-4130
- Beacon Health Strategies 1-888-217-3501 TTY: 1-866-727-9441

Section 2

Department of Transitional Assistance Protocols

DTA's Strategic Interest in Helping Families Access Behavioral Health Services

The mission of the Department of Transitional Assistance (DTA) is to assist low-income individuals and families to meet their basic needs, increase their incomes, and improve their quality of life. The Department serves one out of every nine people in the Commonwealth, including working families, children, elders, and people with disabilities. One of the programs administered by DTA is Transitional Aid to Families with Dependent Children (TAFDC), which is state and federally funded and provides cash assistance to families with children and pregnant women in the last 120 days of pregnancy, with little or no assets or income. All youth receiving Transitional Aid for Families with Dependent Children (TAFDC) are automatically enrolled in MassHealth and eligible for all MassHealth behavioral health services.

One of DTA's main goals is to ensure access to basic benefits, including behavioral health services. The Department seeks to serve its clients as comprehensively as possible to improve their overall well-being. This includes ensuring access to services for children who are living with trauma, such as domestic violence, homelessness, parental substance abuse; helping parents transitioning to employment who have a child(ren) with serious behavioral health needs; and helping young parents to access community-based behavioral health services. By taking a holistic approach to serving both children and parents enrolled in TAFDC, we can assist families to work toward self-sufficiency.

1. Eligibility for MassHealth Behavioral Health Services

Behavioral health services is a term that refers to both mental health and substance abuse services.

All youth receiving Transitional Aid for Families with Dependent Children (TAFDC) are automatically enrolled in MassHealth and eligible for all MassHealth behavioral health services.

2. Primary Care Behavioral Health Screens

Primary care doctors are required to conduct behavioral health screens as a standard part of well-child visits under Early and Periodic Screening and Diagnosis and Treatment (EPSDT)² using one or more of the MassHealth approved tools.

As of August 1, 2008, it is DTA practice that staff encourage any parent or guardian to talk with their child's primary care doctor or nurse if they have a concern about their child's behavioral health needs. The parent should be encouraged to request a behavioral health screening for their child or teen. Primary care providers can often provide helpful guidance to families; however, the parent is not required to talk to them prior to accessing behavioral health services for their child.

3. Helping MassHealth-Eligible Youth Access A Behavioral Health Assessment and Services

DTA serves adults with children and teen parents under age 21, all of whom are automatically enrolled in MassHealth. For children and youth under age 21 on MassHealth who may have behavioral health needs, DTA will support families to access MassHealth behavioral health services.

In addition to encouraging any parent or guardian to talk with their child's pediatrician about behavioral health concerns, DTA case workers will pass along the CBHI family brochure, "Worried about the way your child is acting or feeling?" The brochure describes MassHealth's new behavioral health services and how to access them.

DTA Specialists With Greatest Opportunity to Identify Needs

DTA specialists with the most interaction with families provide the greatest opportunity to identify children with behavioral health needs.

1. Domestic Violence Specialists: DTA domestic violence specialists are in a key position to identify children in need of behavioral health services.
2. Case Managers, Full Engagement Workers and Vocational Specialists may become aware of a child's behavioral health needs as part of their work with parents to secure and retain employment or training.
3. Teen Specialists: Teen specialists, who work with teen parents receiving TAFDC are in a position to identify either the needs of the teen parent or the child, either of whom may need behavioral health services
4. Department of Housing and Community Development (DHCD) Homeless Case Specialists: Although not employees of DTA, these staff co-located at DTA offices, will be included in all information and training regarding CBHI services.

When a family indicates to a DTA specialist that a child or young adult may have behavioral health needs, the specialist will share information with parent/guardian or teen parent describing potentially appropriate behavioral health services. DTA specialists can learn more about available services in the MassHealth Services section at the beginning of this manual or the CBHI "Guide for Staff Who Work with Children and Families".

DTA specialists can help minimize the number of clinical transitions for the youth and family by offering basic descriptions about the different types of services available, so families can make the best decision about where to begin. This guidance is only to help families find the most appropriate starting point. Clinicians will then conduct a clinical

assessment and help families determine the next steps. Clinical assessments are available at any MassHealth hub clinical service (Outpatient Therapy, In-Home therapy or Intensive Care Coordination).

The parent or guardian has the right to seek behavioral health treatment, including a pre-treatment assessment, from any provider of any service the parent/guardian determines might be most appropriate.

4. Training To Increase Coordination and Access

- Training for DTA Staff:
 - Directors Orientation to CBHI: DTA directors will receive an orientation to new CBHI services at their regularly scheduled Statewide Directors' meeting.
 - DTA Specialist Training on CBHI Services: DTA will provide a more intensive introduction to CBHI services to those specialists most likely to interact with families at a level where they might learn about a child with behavioral health needs. Domestic Violence Specialists, Case Managers, Full Engagement Specialists, Vocational Specialists) and Teen Parent Specialists will receive a detailed training about the new MassHealth services and in these protocols with the goal of increasing access to community behavioral health services for DTA clients. Homeless case specialists, employed by the Department of Housing and Community Development but co-located in DTA offices, will be invited and encouraged to attend this training.
 - DTA Distribution of CBHI Brochure for Parents: DTA will distribute the CBHI parent brochure to DTA case managers, with a cover letter urging them to share information with any parent whose child may have a behavioral health need.